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ABSTRACT

To provide information on Comprehensive Health Services projects, this annotated bibliography, arranged alphabetically by author, contains 40 speeches, papers, and periodical articles describing projects located in eight states and an additional 27 annotations which provide background information on the purposes and nature of the program. Besides the author, each entry includes title, periodical or meeting site, date, and brief description. A listing of Neighborhood Health Services projects by state and an author index are also included. (SB)

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FOREWORD

The Office of Economic Opportunity Comprehensive Health Services Program is almost five years old. During that time, 49 projects have been initiated across the country with Office of Economic Opportunity assistance to demonstrate and evaluate more effective ways of delivering personal health care to low-income families. The development of Neighborhood Health Centers has helped mobilize community and professional resources and has encouraged others to begin similar efforts to overcome the very serious health problems which are experienced by the poor.

The staffs of many of the Comprehensive Health Services projects have published reports on their experiences. The principal purpose of this Bibliography is to provide information on these materials. In addition, there is included a small number of other articles which give background information on the purposes and nature of the program.

We trust this Bibliography will be useful to persons interested in learning more about the progress of the Comprehensive Health Services Program and will further more widespread understanding and participation. We welcome your suggestions for improvements and additions.

Thomas E. Bryant, M. D.
Director
Office of Health Affairs
Office of Economic Opportunity

PART I

ARTICLES ON INDIVIDUAL PROJECTS

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1. Abrams, Herbert K. and Snyder, Robert A. Health center seeks to bridge the gap between hospital and neighborhood. Modern Hospital 110:96-101 (May 1968).

In July 1966, Mt. Sinai Hospital Medical Center in Chicago accepted an OEO grant to serve the needs of the North Lawndale community. Planned to serve 25,000 people, the center was to build on community support and participation towards a program of comprehensive care. Gaining the support of the neighborhood was difficult. By early 1967, however, effective health services were functioning. Neighborhood residents are encouraged to help in the formulation of policy as well as the staffing of the Center. A new, expanded program is envisaged in a new building financed, in part, by the Sears Foundation, Children's Bureau, Illinois State Health Department, and the Chicago Board of Health.

2. Alviso Clinic exemplifies grass roots community organization. California's Health 25:7-8 (December 1967).

All residents and migrant workers in the Alviso area, a city at the southern tip of the San Francisco Bay, are eligible for membership in the OEO-funded out-patient medical and dental clinic, entitling them to complete access to all services.

3. Ames, Wendell, R. Redirection of health department services in Rochester, New York. American Journal of Public Health and the Nation's Health 56:599-602 (April 1966).

The article gives background information on poverty about Rochester and describes the health services available. With the advent of OEO, new plans have been developed by the local anti-poverty group to establish three neighborhood health centers to include preventive and curative care, health guidance and education, and social services.

4. Andrus, Len Hughes. The rural health program of Southern Monterey County. California Medicine 108:124-126 (February 1968).

The article details the origin and development of a rural health project in Southern Monterey County, California. The author points out the uniqueness of this project, sponsored by a medical society and conducted by a private medical group. Dr. Andrus reviews the research component of the project, the staffing and training phases, and the problems and accomplishments during the first four months of operation.

5. Bellin, Seymour; Geiger, H. Jack; Gibson, Count D. Impact of ambulatory-health-care services on the demand for hospital beds. New England Journal of Medicine 280:808-812 (April 10, 1969).

This article reports the results of a study measuring the effect of the Columbia Point Neighborhood Health Center in Boston on the demand for hospital beds since the center's inception in 1965. Included in the discussion is an analysis of the factors that produced a dramatic reduction in admission rates and of the factors likely to be determining in further reductions. Neighborhood Health Centers and other ambulatory health-care systems are seen as a fundamental solution to the problem of scarcity of hospital beds and high cost of hospital care.

6. Berg, Roland H. (photographed by Bob Lerner). The revolution in medicine. Reprinted from Look, March 21, 1967. Cowles Communications, Inc.

Aimed at the general public, the article is a photographic essay on the Denver Neighborhood Health Center. The text includes brief statistics on health of the poor, descriptions of traditional medical facilities for the poor, background information of Denver's Curtis Park-Arapaho ghetto, and discussion of the establishment and present operation of the Center. The article is followed by an editorial on the need for better health facilities for the poor and the remedies provided by Neighborhood Health Centers.

7. Brown, Howard J. and Alexander, Raymond S. The Gouverneur Ambulatory Care Unit: a new approach to ambulatory care. American Journal of Public Health and the Nation's Health 54:1661-65 (October 1964).

The Neighborhood Health Center at Gouverneur is described in detail, including staffing, appointment system, services offered, facilities at the clinic, referral arrangements for specialist services and non-routine diagnostic studies, and special programs such as care for children of multi-problem families, a "Golden Age Club," and pre-camp physicals for underprivileged children.

8. Carmichael, Lynn. A new kind of care. Miami Interaction, University of Miami (June 1969).

The article discusses in detail the structure and objectives of the Miami Comprehensive Neighborhood Health Center.

9. Carter, Luther J. Rural health: OEO launches bold Mississippi project. Science 56:1466-68 (June 16, 1967).

The Tufts-Delta Health Center is described, including details about the conditions and population of the area, staffing of the center, use of neighborhood workers, and political difficulties. The center has encountered opposition from local and state medical societies and other members of the state's medical community, because of its civil rights implications (it serves an all-Negro population) and because it is run by a "yankee" institution.

10. Collins, Beverly. Denver builds citywide health network. Modern Hospital 110:102-106 (May 1968).

Open for more than 12 hours daily the OEO-funded center in Eastside Denver offers medical, dental, psychological, maternity, and social services to the population. By October 1967 more than 115,000 visits had been made by some 20,000 patients. More than half of the center's patients are children under 15. Project Child, assisted by the Children's Bureau is an integral part of the developing city-wide program, the use of health aides and pediatric nurse specialists is an important part of the project.

11. Combined effort builds community health center. Medical World News 8:64-65 (May 26, 1967).

In a brief report on plans for the construction of Chicago's North Lawndale Neighborhood Health Center, the article notes that the center will be the first OEO health center to be built "from the ground up." This facility was made possible by the donation of land, architectural plans, and financial aid from the Sears-Roebuck Foundation, in cooperation with Chicago's Mt. Sinai Hospital, the Chicago Board of Health, and the Office of Economic Opportunity.

12. Curry, Wesley. Small health group builds big success in the Southwest. Hospitals 43:95-100 (July 1, 1969).

Various programs for the provision of health care in north central New Mexico are described. The author tells how health care facilities for the Spanish-American and Indian population now exist where there were none even a decade ago. Presbyterian Medical Services of the Southwest, an arm of the Board of National Missions of the United Presbyterian Church, has begun, in cooperation with local and state health agencies, programs for the development and planning of comprehensive health care on a regional basis. Of significant assistance in these efforts, the author says, have been grants from the federal government through the Office of Economic Opportunity and the Comprehensive Health Planning Act of 1966.

13. Elam, Lloyd C.; Perry, Frank A.; Falk, Leslie A., Metcalfe, Robert M.; and Frazier, Horace M. Health evaluation studies utilizing a multiphasic screening center operating in cooperation with a comprehensive health care program for persons in an urban poverty area. Presented at Conference-Workshop on Regional Medical Programs, Washington, D.C., January 17, 1968.

The article presents the plans of Meharry Medical College in Nashville, Tennessee, for a project combining use of a Neighborhood Health Center and a Multiphasic Screening Laboratory. The organization, delivery of services, and community participation of the Health Center are described in detail, as is the role of the

Multiphasic Screening Laboratory in performing diagnostic studies. The authors outline the studies to be made from this project, which include comparisons of three defined population groups: 1) those receiving services from the Neighborhood Health Center and the Multiphasic Screening Laboratory; 2) those receiving services from the Multiphasic Screening Laboratory but not from the Neighborhood Health Center; and 3) those receiving only traditional medical services.

14. For Those Who Need It Most. Medical World News 9:46-52 (March 8, 1968).

This is a broad overview of OEO's Neighborhood Health Center program, including the history of the centers, the impact they are having on the communities served, and their interaction with organized medicine. Aspects of several health centers are mentioned, including Montefiore Hospital's training program for low income residents and data on Columbia Point's impact on hospital utilization.

15. Frankel, Mortimer. "In the Watts health center, the customer is nearly always right." National Tuberculosis and Respiratory Disease Association Bulletin 55:14-16 (February 1969).

The Watts health center has, as its policy guidance body, a 19-member community health council, which represents the local community. The council receives recommendations and advice from a professional advisory board consisting of five health professionals. The council's main job is to see that care is delivered to patients in an acceptable manner. Over 95 percent of the center's staff is black and 60 percent are Watts residents. A prime activity of the center involves training area residents in health careers.

16. Geiger, H. Jack. The neighborhood health center; education of the faculty in preventive medicine. Archives of Environmental Health 14:912-916 (June 1967).

The article presents a description of the Columbia Point, Boston, Neighborhood Health Center and discusses the difficulties for the professional staff of adjusting to the innovations at the center. Involved in the "cycles of pain and learning" are removal from the medical school-teaching hospital environment, full involvement with the community, changes in the nature of professional roles, and acceptance of subprofessionals into the health structure.

17. Geiger, H. Jack. The poor and the professional: who takes the handle off the Broad Street pump? Presented at the Special Session of New Partnerships in Delivery of Health Services, 94th Annual Meeting of the American Public Health Association, San Francisco, California, November 1, 1966.

The author discusses the national disaster of the health of the poor in the United States and the health services available to them. He describes in detail Tufts' Neighborhood Health Center in Boston and its role as a new kind of community institution, functioning not only to provide health services but also to promote broad social change within the community through partnership between the poor and the professional.

18. Geiger, H. Jack. Of the poor, by the poor, or for the poor: the mental health implications of social control of poverty programs. Presented at the American Psychiatric Association Symposium on "Poverty and Mental Health" at Boston State Hospital, Boston, Massachusetts, April 22, 1966.

The article describes the area served by the Delta Health Center, giving poverty and health indices and case reports which illustrate the urgent need for health facilities for the rural indigent Negro population. Plans for the Neighborhood Health Center are outlined. Like Tufts' center in Columbia Point, Boston, the Delta Health Center will provide comprehensive ambulatory facilities and will

be involved in health education and health career training for local residents. However, the Delta Health Center serves a larger population scattered over a broad geographical area, necessitating more extensive outreach services and facilities.

19. Greeley, David McL. The neighborhood health center and its implications for medical care. Presented at the regular meeting of the Chicago Pediatric Society, September 19, 1967.

The author describes several Children's Bureau programs in Chicago and the two neighborhood health centers in the Mile Square and the North Lawndale areas of the city. The two centers are similar in their use of medical care teams, family orientation, emphasis on preventive medicine, and use of community health aides as the link between family and health center. They differ in two respects: 1) the Mile Square center is funded by OEO while the North Lawndale center is funded jointly by OEO and the Children's Bureau of HEW, 2) the Sears-Roebuck Foundation is contributing land and architect's fees for the construction of a building for only the North Lawndale center. The author details eligibility criteria, charges, reimbursement, and staffing of the centers and briefly discusses the role of OEO and Children's Bureau as catalysts for programs which eventually will be self supporting.

20. Haggerty, Robert J. Community pediatrics. New England Journal of Medicine, 278:15-21 (January 4, 1968).

The article outlines the program planned by the University of Rochester for community pediatrics in Rochester, N.Y. This program includes children's hospital and ambulatory care services, research in community pediatrics, and establishment of care and teaching programs in the community. Among the latter is a plan for an OEO financed neighborhood health center to be located in one of Rochester's two major slum areas. The effectiveness of the center will be compared with that of a more traditional clinic in the other major slum areas. The author stresses the importance of involving the poverty population so that it may "control its own destiny," the ways in which the neighborhood health center attempts to do this, and the difficulties involved in this approach.

21. Hall, Richard. A stir of hope in Mound Bayou. Life (March 28, 1969).

The background of the Tufts Delta Health Center is reviewed and the personalities active in the program are spotlighted. Related activities, such as a new farm cooperative and various environmental improvements initiated by the center are described.

22. Hatch, John. Community shares in policy decisions of rural health center. Hospitals 43:109-112 (July 1, 1969).

The Tufts-Delta Health Center, Mound Bayou, Mississippi, which provides comprehensive health care to about 14,000 persons residing in a rural area, is deeply committed to broadbased community participation in policy decisions, the author states. He describes the formation of local health associations that are representative of all persons within the center's 400-square-mile target area and tells how these associations function in establishing priorities and reviewing the center's funding, organization, and program.

23. Herzog, George, Jr. Mission Neighborhood Health Center, San Francisco. California Medicine 109:232-233 (September 1968).

This article describes how San Francisco's Mission Neighborhood Health Center evolved and how its Community Health Board was formed and functions in relation to the Health Center. In addition, it describes how health services are offered through the family health-care team concept.

24. Kelly, Cynthia. Health care in the Mississippi Delta. American Journal of Nursing 69: 4 (April 1969).

The Tufts Delta Health Center in Mound Bayou, Mississippi is described, with emphasis on the role nurses are taking in the project.

25. Kent, James A. and Smith, C. Harvey. Involving the urban poor in health services through accommodation - the employment of neighborhood representatives. American Journal of Public Health and the Nation's Health 57:997-1003 (June 1967).

A description of the employment of neighborhood representatives in the Denver Maternity and Infant Care Project. The article discusses selection, training, functions, and results of utilization of neighborhood representatives.

26. Kovner, Anthony R. and Seacat, Milvoy S. Continuity of care maintained in family-centered outpatient unit. Hospitals 43:89-94 (July 1, 1969).

The authors describe the organization and functions of the Gouverneur Health Services Program in New York City, which focuses on the family unit in the belief that problems of individual patients often can be understood and treated only when the problems of other family members are known.

27. Langer, Elinor. Medicine for the poor: a new deal in Denver. Science 153:508-511 (July 29, 1966).

After a brief description of the Denver Neighborhood Health Center, the population it serves, and the active utilization of the center, the author discusses some of the problems being faced by the center. Center leaders have shown concern over the quality of care and the need for more outside quality control from medical and poverty program authorities. The center has become involved in local political problems and some of the militant Spanish-Americans in the area are dissatisfied about the role of the advisory board. The article questions whether the poor are really involved in policy making and whether the exclusive servicing of a defined population is the most humane way to distribute medical funds.

28. Lashof, Joyce C. Chicago project provides health care and career opportunities. Hospitals 43:105-108 (July 1, 1969).

The author describes the Mile Square Neighborhood Health Center developed by Presbyterian-St. Luke's Hospital, Chicago. The Center demonstrates, she says, that the organized approach to the delivery of medical care to a defined community is possible and that it can be integrated into the total program of a voluntary hospital.

29. Lashof, Joyce C. The health care team in the Mile Square Area, Chicago. Bulletin of the New York Academy of Medicine 44:1363-1369 (November 1968).

The Mile Square Health Center in Chicago's West Side provides the area's 25,000 low-income residents with multi-disciplined comprehensive health care. In order to reach as many people as possible with high quality care, the services have been organized in three levels: home care, health center care, and hospital care. The primary team, the family health team, involved in home care is comprised basically of the public health nurse and her community health aides. During the first year of operation this aspect of the program worked mostly with the very young and the very old. The social worker, psychiatrist, community organizer and nutritionist are team consultants. The care at the center is similar to private group practice organization.

30. Lepper, Mark H.; Lashof, Joyce C.; Pisani, Albert; Shannon, Iris. An approach to reconciling the poor and the system. Inquiry 5:37-42 (March 1968)

This article outlines a model system of providing comprehensive health care to residents of poverty areas, emphasizing four major elements: initiation of health care, availability of health services, continuity in providing care, and completeness of services. It describes in detail the development and operation of the Neighborhood Health Center program administered by Presbyterian-St. Luke's Hospital in Chicago's Mile Square Area.

31. Light, Harold L. and Brown, Howard J. The Gouverneur Health Services Program - An Historical Overview. Milbank Memorial Fund Quarterly XLV:375-390 (October 1967).

This article documents the evolution of the Gouverneur Health Services Program in New York from early 1958, when the Gouverneur Hospital was condemned and citizen action saved it, to its present transformation into a model comprehensive health care program for the poor. The guiding philosophy and tenets of the program, the struggles, and the changes which have occurred are set forth in detail. The authors outline future plans for family units based on small group-practice models, a 24-hour mobile crisis psychiatric unit, and other changes to make the program more comprehensive.

32. Lloyd, William B. and Wise, Harold B. The Montefiore experience. Bulletin of The New York Academy of Medicine Second Series 44:1353-1362 (November 1968).

The background and first year's experience of the Neighborhood Health Center operated by Montefiore Hospital and Medical Center in the Bronx are discussed. Particular attention is devoted to the problems of providing family medical care. The roles of the health team members are described. Informational deficiencies of the team members, as well as dysfunction of the team operation, are described. An outline of the content of an orientation and in-service training program is presented.

33. Maloney, William F. The Tufts comprehensive community health action program. Journal of the American Medical Association 202:411-414 (October 30, 1967).

The Tufts Columbia Point Neighborhood Health Center and the plans for the Mound Bayou, Mississippi health center are described. The author points out the advantages of the Neighborhood Health Center, not only in better provision of health services, but also as a means of research into community health problems and as a teaching and learning experience for medical faculty and students.

34. Patients will have a patio for "waiting room," even baby-sitting service. California's Health 26:8-9 (July 1968).

The East Palo Alto Neighborhood Health Center, funded for the first year by a $1.2 million OEO grant, will serve about 30,000 people, over 80% of whom are black and 59% of whom qualify for poverty programs, living in four census tracts in East Palo Alto and East Menlo Park. A non-profit community corporation has been established. Community support and participation is significant in developing the kinds of services and planning the new facilities.

35. Sanders, Marion K. The doctors meet the people. Harper's Magazine pp. 56-62 (January 1968).

In a description of the Bathgate Health Center associated with Montefiore Hospital in New York the author gives details about the area, its problems and needs, and describes the operations of the clinic. A family health conference and the non-professional training programs are described with emphasis upon the egalitarian relationship between doctors, public health nurses, and family health workers. The author briefly discusses the problems involved in true community participation.

36. Sheridan, Bart. Uncle Sam pays their fees for poverty care. Medical Economics (July 22, 1968).

The author describes the Rural Health Project, which provides medical care to the poverty population of Southern Monterey County, California. Medical services are provided through an established private group practice with assistance from a grant from the Office of Economic Opportunity. Experiences of the group since it began providing care are discussed. The author speculates on the future of such government-private enterprise partnerships.

37. Spear, Paul W. Social-Action Medicine: The poor help to provide it. Outlook, pp. 24-25 (May 1968).

The article briefly discusses needs for "neighborhood medical care centers" to cope with increased demands for more effective delivery of health care services, especially among the poor.

It reviews the development and operation of the OEO-assisted Bathgate Health Center, sponsored by Montefiore Hospital in the Bronx, New York. The author describes the center's family oriented medical care, the career-ladder training program for low income residents, and the center's neighborhood advisory board.

38. Tranquada, Robert E. A health center for Watts. Hospitals 41:42-47 (December 16, 1967).

The article outlines the Neighborhood Health Center in Watts: its planning, the area it serves, the structure and operation of the health center, training and employment of neighborhood aides, roles of the community and professional advisory boards, and coordination with other agencies and private physicians in the area.

39. Vogl, A. J. A new breed of specialist moves in. Medical Economics (July 8, 1968).

The Bathgate Health Center and its Director are described as examples of the new medicine and new specialist that are being nurtured by government antipoverty programs. The history and operations of the program, along with its problems, are detailed to illustrate the revolutionary techniques of community medicine in the ghetto.

40. Wise, Harold B. Montefiore Hospital Neighborhood Medical Care Demonstration. The Milbank Memorial Fund Quarterly XLVI:297-307 (July 1968).

The Montefiore Hospital Neighborhood Medical Care Demonstration is used as a "case study" to describe the goals and operations of one of the Office of Economic Opportunity Neighborhood Health Centers. The original objectives - to provide family medical care, to train neighborhood residents in health service roles, to involve community residents as employees and in an advisory capacity in the operation of the Health Center, and the evaluation of this program - are described. A summary of the original proposal and the first year's operation is presented. With a year of experience the original objectives and methodology are re-examined.

PART II

BACKGROUND INFORMATION

41. Andrus, Len Hughes. Innovations in Community Medicine by a Private Group. Group Practice 17: 9 (September 1968).

The Rural Health Project, a program designed to demonstrate the provision of comprehensive health services through a private group practice, is discussed. The background and initial experiences of the program are reviewed. Various unique aspects of the demonstration, including innovative ways of training and utilizing aides, are detailed. Problems encountered in the program are mentioned.

42. Bamberger, Lisbeth. Health care and poverty: What are the dimensions of the problem from the community's point of view? Bulletin of the New York Academy of Medicine 42:1140-49 (December 1966).

The author describes the OEO neighborhood health centers, emphasizing the comprehensiveness, personalized service, and community involvement. Also discussed is the role of the neighborhood health centers in closing the gap between preventive and curative services, raising the quality of health care for the poor, helping in the war on poverty, and providing new outlets and opportunities for physicians.

43. Berry, Theodore M. Recent federal legislation: its meaning for public health. American Journal of Public Health and the Nation's Health 56:582-89 (April 1966).

The author discusses the problems for the indigent in obtaining medical care and emphasizes the need to bring health services to the poor in their own terms. The article indicates there is a present opportunity for progress, brought about by rapid changes in public health fields, recent federal legislation increasing funds for health and social agencies, and the nation's commitment to the war on poverty. The author discusses the role of the Community Action Program in this and describes the Neighborhood Health Center being organized in Boston.

44. Bishop, Eric and Christensen, Hal M. Dentists and the war on poverty: a discussion on neighborhood health centers. The Journal of the American Dental Association 75:45-54 (July 1967).

This article describes the Neighborhood Health Center program and the elements of care based on OEO's premise that those who cannot afford quality medical care are still entitled to it. It is noted that the program has been criticized for not allowing people options for care and for insufficient consultation with other organizations.

45. Brown, Howard J. Delivery of personal health services and medical services for the poor. Concessions or prerogatives? The Milbank Memorial Fund Quarterly XLVI:203-223 (January 1968).

The author looks at the personal health needs a front line physician is confronted with today and the existing models for delivery of care that attempt to fulfill those needs. Key factors in developing a plan for the delivery of health care to the poor are discussed. Particular attention is given to the positive effects of community action in health.

46. Cherkasky, Martin. Medical manpower needs in deprived areas. Delivered at the 79th Annual Meeting of the Association of American Medical Colleges, Houston, Texas, November 2, 1968.

Simply providing more doctors and nurses will not solve the unique needs of a ghetto area. In making this point, the experiences of Montefiore Hospital's (OEO-assisted) Neighborhood Medical Care Demonstration and similar efforts of the Albert Einstein College of Medicine are discussed. Focus is on the training of new kinds of community health workers and the importance of meaningful community involvement in health care delivery. Medical Schools and teaching hospitals are urged to make fundamental changes in their approaches to community medicine.

47. Community health centers slated for more cities. Medical World News 8:47 (January 1967).

This brief review of the Neighborhood Health Centers Program explains the concepts of family health groups, comprehensive curative and preventive services, and use of neighborhood residents as non-professional personnel.

48. English, Joseph T. Health Services for the poor. Roche Medical Image 10:5 (February 1968).

The article outlines the high rate of health problems among the poor, the inadequacy of health services for them and OEO health programs to help remedy this situation. Among the programs described are the Neighborhood Health Centers, the Student Health Organization projects, several pilot programs to recruit and train the poor for health work, family planning programs, and medical services offered through other anti-poverty programs (VISTA, Head Start, Upward Bound, and Job Corps).

49. English, Joseph T. Office of Economic Opportunity Health Programs. Inquiry 5:43-48 (March 1968).

This article reviews the need for neighborhood centers to provide comprehensive health care to the poor, and the establishment of the Office of Economic Opportunity's Neighborhood Health Center program in 1966. The author describes the urgent needs of the citizens of the Watts area in Los Angeles, and how the OEO-financed health center is attempting to meet these needs. He stresses the role of community residents in planning and policy-making decisions and the opportunities for training in new kinds of health careers.

50. English, Joseph T. and Scherl, Donald J. Community Mental Health and Comprehensive Health Services Programs for the Poor. American Journal of Psychiatry 125:12 (June 1969).

The article discusses the OEO Neighborhood Health Center Program and the concept of how its organization offers the opportunity to explore the impact of a multi-level approach to mental health and illness. This approach includes a simultaneous focus on the neighborhood, family and the individual.

51. Fagin, Carl. Pharmacists' role expands in the Neighborhood Health Center. Hospitals 42 (October 16, 1968)

The author notes that the changing role of the contemporary pharmacy reflects changes in other professions, especially in health-related professions. With the trend from individual to group practice with physicians and other health professionals, the pharmacist has become an educator to both professionals and patients. Such a change has become evident, he notes, in the pharmacy at Montefiore Hospital's Neighborhood Medical Care Demonstration in the Bronx, New York, which exemplifies this as well as another contemporary conflict: the controversy between pharmacies based in health facilities and the retail pharmacies.

52. Frankel, John. To break the cycle of poverty and poor health. Employment Service Review pp. 18-20 (November 1966).

The article presents a discussion of the use of the Neighborhood Health Center for recruitment and training of health manpower. The article explains the advantages for health centers and staff, different types of programs and occupational roles, and the role of health manpower in breaking the poverty-sickness cycle.

53. Gibson, Count D., Jr. Current issues in reorganization to deliver better health services. The neighborhood health center: the primary unit of health care. Presented at the American Public Health Association Convention, Miami, Florida, October 1967.

The author discusses the Neighborhood Health Center as a new approach to providing improved health services for poor. He explains the advantages of locating health facilities within the community they serve, of involving the community in the operation of health programs, and of providing family-centered care through teams of professionals and sub-professionals. Specifics of the Columbia Point Health Center in Boston are used as references.

54. Haughton, James G. Title XIX and OEO: Godsends or boondoggles? Paper presented at the Group Health Institute, Seattle, Washington, June 14, 1967.

The article suggests that group practice funded by OEO would provide the alternative to the continuation of inadequate health services. New York City is using Title XIX funds to enroll people in the Health Insurance Plan and with help from the Office of Economic Opportunity, the Department of Housing, and the Small Business Administration, is establishing group practice centers. The author points out that the hospital outpatient departments could also be used as a location for group practice, as has been done at Bedford-Stuyvesant in Brooklyn.

55. James, George. Poverty as an obstacle to health progress in our cities. American Journal of Public Health and the Nation's Health 55:1757-71 (November 1965).

The author discusses the relationship between poverty and ill health, and some of the health problems particularly prevalent among the poor. He makes recommendations about presentation, personnel, and types of health services to be provided, and strongly urges more comprehensive health programs to replace the present categorization of services and agencies.

56. Kasanof, David. Anti-poverty medicine: Atlanta to Watts. Medical Economics (July 1968).

The author probes the OEO Neighborhood Health Center program through detailed examination of five diverse centers. The centers considered are in the cities of Atlanta, Denver, Watts (Los Angeles), Kansas City, Mo., and Portland, Ore.

57. Lepper, Mark H.; Lashof, Joyce C.; Lerner, Monroe; German, Jeremiah; and Andelman, Samuel. Approaches to meeting health needs of large poverty populations. American Journal of Public Health and the Nation's Health 57:1153-57 (July 1967).

This article examines the medical facilities available to residents of poverty areas of Chicago and discusses future health goals for the city, including Neighborhood Health Centers, more effective use of existing medical facilities, and better coordination of large-scale city-wide programs.

58. Madison, Donald L. Organized Health Care and the Poor. Medical Care Review 26 (August 1969).

The author outlines the Comprehensive Health Services Program of the Office of Economic Opportunity along with other programs in which the federal government is involved concerned with providing personal health services for the poor, such as Partnership for Health, Maternal and Infant Care, Children and Youth Program, Migrant Health Program, Appalachian Health Program, Model Cities and Medicaid. He discusses the different methods for organizing these programs, the special problems involved in providing health services to poor people, and the trends in future development of comprehensive health services.

59. Paradise, Jack L. Challenges and opportunities for group practice plans provided by new, Federally sponsored health programs for the poor and medically indigent. Presented at the 17th Annual Group Health Institute, Seattle, June 12-14, 1967.

The author articulates the justification for health programs tailored to meet the unique needs of the poor. Traditional primary health services are inadequate for the poor unless combined with social and rehabilitative services. He discusses a separate system for the poor as a temporary expedient. In light of recent legislation, the Title XIX program particularly, there is much opportunity for group practice, prepayment plans to further their own development and for training and recruiting new physicians.

60. Piel, Gerard. Coming changes in the delivery of medical care in the large urban center. Bulletin of the New York Academy of Medicine 42:391-400 (May 1961).

The author states that medical care and its delivery are among the major afflictions of New York City. He discusses the social and economic variables relating to the population's health inequalities, the fragmentation of existing services, the need for more available, comprehensive services and for more preventive care. He suggests that the Gouverneur Neighborhood Health Center may be pioneering in presenting the kind of health services needed by the poor.

61. Randal, Judith. The bright promise of Neighborhood Health Centers. The Reporter pp. 15-18 (March 1968).

The author feels that the Neighborhood Health Center program has great potential for effecting fundamental changes in the health-care delivery system by (1) changing the mode of delivery of services, (2) forcing traditionalist elements into new patterns of thought regarding medical care, and (3) turning the attention of young physicians and medical schools to community practice. The author points up differences between traditional clinics serving the poor and the Neighborhood Health Centers. A detailed review of Tufts University's programs in a northern urban area and a southern rural one illustrates contrasting approaches.

62. Scherl, Donald J. Mental health implications of the Economic Opportunity Act. Published in the Proceedings of the Conference of Psychology Program Directors and Consultants in State, Federal, and Territorial Mental Health Programs (August 1966).

The article describes the Neighborhood Health Center and relates the development of such a facility to issues of neighborhood and community mental health. It also briefly discusses the impact of a facility of this sort on standard methods of providing mental health services and on standard mental health roles.

63. Schorr, Lisbeth B. and English, Joseph T. Background, Context, and Significant Issues in Neighborhood Health Center Programs. The Milbank Memorial Fund Quarterly XLVI:289-296 (July 1969).

The article traces the formation and development of the OEO Neighborhood Health Center program. The basic characteristics of such health centers as originally conceived are described. Some fundamental issues regarding the organization and delivery of health care for the poor are raised. The authors point out a number of additional questions that must be answered if we are to meet the health needs of all Americans.

64. Snyder, James D. and Enright, Michael J. Free Neighborhood Health Centers promise big impact for hospitals. Hospital Management (March 1967).

The article describes the Neighborhood Health Center program, emphasizing the innovative aspects of the centers, such as the community advisory groups and the neighborhood aides. Varieties in the individual clinics are described as specific examples of the flexibility of the program. Controversy over the health centers, as described in this article, focuses on the eligibility requirements as a possible "damper on self-motivation," the per capita cost of the clinics, and the implications of a trend toward socialized medicine.

65. U.S. Congress, Senate Committee on Labor and Public Welfare. Comprehensive health services. Economic Opportunity Amendments of 1966. Report of the Committee on Labor and Public Welfare. 89th Congress, 2nd Session. Calendar No. 1633, Report No. 1666, pp. 19-22.

The report describes the Neighborhood Health Centers, stressing the principles of comprehensive, personalized care and neighborhood participation. Also covered in the report are the types of agencies eligible for the grants, expenditures for which the funds may be used, and different services which the Committee considers included in the context of the amendment. The Committee urges the integration of other sources of funds and services, especially implementation of Title XIX, and emphasizes that OEO funds should be used only when others are inadequate or unavailable.

66. Walter, Charles. Anti-poverty medicine: another big sleeper. Medical Economics (November 1966).

Details and comparisons of Neighborhood Health Centers in Boston, Detroit, and Denver are used in an examination of OEO health programs. The article emphasizes the effects of the Neighborhood Health Center program on physicians both inside and outside the program. The author suggests that local medical societies apply for grants to operate Neighborhood Health Centers, thereby keeping control, maintaining professional standards, and meeting community responsibilities.

67. Yerby, Alonzo S. The disadvantaged and health care. The American Journal of Public Health and the Nation's Health 56:5-9 (January 1966).

The author criticizes the fragmented and poorly organized health services for the poor, provided mainly through hospital out-patient departments. He points out as recent improvements in New York City the alignment of 13 unaffiliated municipal hospitals with teaching hospitals and medical schools, standardization of care provided by all medical institutions for needy patients, and the establishment of the first multi-purpose health institution providing comprehensive care for the poor. The author recommends that the pattern of the latter institution be duplicated throughout the nation.

OEO-ASSISTED COMPREHENSIVE NEIGHBORHOOD HEALTH SERVICES PROJECTS, AS OF JANUARY 1, 1970

ALABAMA

Lowndes County Board of Health's
Community Health Project
P. O. Box 236
Hayneville, Alabama 36040

Montgomery County Health Center
1000 Adams Street
Montgomery, Alabama 36104

ALASKA

Yukon-Kuskokwim Health Corporation
P. O. Box 294
Bethel, Alaska 99559

CALIFORNIA

Alviso Community Service Organization
Health Foundation, Inc.
P. O. Box 342
Alviso, California 95002

East Palo Also Health Center
2111 University Avenue
East Palo Alto, California 94303

Southern Monterey County Health
Project
210 Canal Street
King City, California 93903

South Central Multipurpose Health
Service Center
2051 East 103rd Street
Los Angeles, California 90002

Mission Neighborhood Health Center
240 Shotwell
San Francisco, California 94110

COLORADO

Eastside Neighborhood Health Center
2900 Welton Street
Denver, Colorado 80205

Westside Neighborhood Health Center
990 Federal Boulevard
Denver, Colorado 80204

Sangre de Cristo Comprehensive
Health Center
San Luis, Colorado 81152

DISTRICT OF COLUMBIA

Community-Group Health Foundation, Inc.
3308 - 14th Street, N. W.
Washington, D. C. 20010

FLORIDA

Economic Opportunity Family Health
Center, Inc.
5601 N.W. 27th Avenue
Miami, Florida 33147

GEORGIA

Atlanta Southside Comprehensive
Health Center
1039 Ridge Avenue, S. W.
Atlanta, Georgia 30315

ILLINOIS

Mile Square Health Center
2049 West Washington Boulevard
Chicago, Illinois 60612

Martin Luther King, Jr. Memorial Neighborhood Health Center
3312 West Grenshaw Street
Chicago, Illinois 60624

KENTUCKY

Leslie County Health Program
Box 276
Hyden, Kentucky 41749

Park-DuValle Neighborhood Health Center
1817 South 34th Street
Louisville, Kentucky 40211

Floyd County Comprehensive Health Services Program
Health Department Building - Box 306
Prestonsburg, Kentucky 41653

MARYLAND

Provident Comprehensive Neighborhood Health Center
1106 Mondawmin Concourse
Baltimore, Maryland 21215

MASSACHUSETTS

Columbia Point Health Center
300 Mount Vernon Street
Dorchester, Massachusetts 02125

Roxbury Comprehensive Community Health Center
700 Harrison Avenue
Boston, Massachusetts 02118

MICHIGAN

Lake County Comprehensive Health Center
5718 Highway M-37
Baldwin, Michigan 49304

Comprehensive Neighborhood Health Center
Pavilion 6 - Herman Keifer Hospital
1151 Taylor
Detroit, Michigan 48202

MINNESOTA

Community Comprehensive Health Services
Red Lake, Minnesota 56671

MISSISSIPPI

Mound Bayou Community Hospital
Drawer R
Mound Bayou, Mississippi 38762

Tufts Delta Health Center
Box 209
Mound Bayou, Mississippi 38762

MISSOURI

Wayne Miner Health Center
911 Michigan Avenue
Kansas City, Missouri 64127

MISSOURI (Cont'd)

St. Louis Comprehensive Neighborhood Health Center, Inc.
5894 Easton Avenue
St. Louis, Missouri 63112

MONTANA

*Eastern Montana Community Health Association
Box 58
Wolf Point, Montana 59201

NEW YORK

Neighborhood Health Center of Provident Clinical Society, Inc.
476 Nostrand Avenue
Brooklyn, New York 11216

Charles Drew Neighborhood Health Center
1531-39 St. Mark's Avenue
Brooklyn, New York 11233

Red Hook Neighborhood Health Center
70 Atlantic Avenue
Brooklyn, New York 11201

Sunset Park Health Center
514 Forty-Ninth Street
Brooklyn, New York 11220

Neighborhood Health Services Program
160 West 100th Street, Second Floor
New York, New York 10025

Gouverneur Health Services Program
9 Gouverneur Slip
New York, New York 10002

Dr. Martin Luther King, Jr., Health Center
3674 Third Avenue
Bronx, New York 10456

Neighborhood Health Center
30 Vienna Street
Rochester, New York 14608

Syracuse Neighborhood Health Center
819 South Salina Street
Syracuse, New York 13202

OHIO

Community Health Center
4882 Jefferson Street
Bellaire, Ohio 43906

Hough-Norwood Family Health Care Center
1465 East 55th Street
Cleveland, Ohio 44103

OKLAHOMA

North Tulsa Comprehensive Community Health Center
603 East Pine Street
Tulsa, Oklahoma 74103

OREGON

Portland Kaiser Health Center
4707 S.E. Hawthorne Boulevard
Portland, Oregon 97215

PENNSYLVANIA

Comprehensive Group Health Services Center
2539-47 Germantown Avenue
Philadelphia, Pennsylvania 19133

West Nicetown-Tioga Family Health Center
3450 North 17th Street
Philadelphia, Pennsylvania 19140

Southeast Philadelphia Neighborhood Health Center
900 South Street
Philadelphia, Pennsylvania 19147

Homewood-Brushton Neighborhood Health Center
P.O. Box 5721
Pittsburgh, Pennsylvania 15208

SOUTH CAROLINA

Charleston Neighborhood Health Services Project
c/o Medical University of South Carolina
66 Barre Street
Charleston, South Carolina 29401

TENNESSEE

*Chattanooga-Hamilton County Community Action Program for Economic Opportunity, Inc.
1022 East Ninth Street
Chattanooga, Tennessee 37403

Mathew Walker Neighborhood Health Center Project
1501 Herman Street
Nashville, Tennessee 37208

WEST VIRGINIA

Mountaineer Family Health Center
Beckley-Appalachian Regional Hospital
Beckley, West Virginia 25801

*West Virginia Department of Mental Health
1116-B Kanawha Boulevard
Charleston, West Virginia 25305

WISCONSIN

*Wisconsin State University
Stevens Point Foundation, Inc.
2100 Main Street
Stevens Point, Wisconsin 54481

*Planning Projects

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